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UNCLAS SECTION 01 OF 04 PRETORIA 002677

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SUBJECT: ZIMBABWEAN EXODUS STRAINS SAG BORDER RESOURCES

REF: A. PRETORIA 1680

[1](#)B. PRETORIA 2643

[1](#)C. PRETORIA 1619

[1](#)D. PRETORIA 1397

Summary

[1](#)1. On December 5-6, U.S. and U.K. poloffs together with senior CDC and DFID officers traveled to Musina, near the Zimbabwe border. The trip aimed to take stock of growing migrant flows, observe the SAG's capacity to process and protect vulnerable migrants, and assess SAG efforts to contain a recent outbreak of cholera. High volumes of asylum applicants have forced the SAG's new reception center to relocate to a showground, where thousands of transients wait their turn in a field without shelter, security, food, or sufficient sanitation. Many are scammed, attacked, robbed, and/or raped en route to Musina, and once in town they risk arrest and deportation. Municipal authorities are slow to respond to NGO appeals -- wary that any support could draw more migrants -- while the hospital's CEO refused us entry and has rebuffed foreign assistance. It was widely hoped that the Minister of Health's December 9 visit would enable international health workers' support on cholera, and perhaps even break down municipal resistance on migrant protection. End Summary.

Concerns: Migration, Protection, and Health

[1](#)2. On December 5-6 poloffs and Center for Disease Control (CDC) officers traveled to Musina, about 10 kilometers from the border with Zimbabwe, in a joint visit with counterparts from the UK High Commission and its Department For International Development (DFID). Four months after our previous trip (ref A), this follow-up visit aimed to understand growing volumes and changing characteristics of migration flows; to observe humanitarian needs and protection assistance provided by the SAG, IOs, and NGOs, particularly to women and children; and to assess urgent health measures undertaken in response to the recent influx of cholera (ref B) from Zimbabwe. Human Rights Watch had privately warned of deteriorating conditions in border areas, and encouraged the international community to advocate for a more vigorous SAG response. In Musina we met with multilaterals IOM, UNHCR, SA Red Cross, and OCHA; with aid groups Save the Children (SC) and Medicins Sans Frontieres (MSF); and with SAG officers of the Department of Home Affairs (DHA) and the South African Police Service (SAPS).

13. Migrant flows continue to grow, and lately to accumulate in Musina as the SAG struggles to process them. In July, we observed manageable queues outside DHA's new center, and Musina had the normal border town feel of flow-through traffic. Now Musina's streets and parks are noticeably more crowded. To afford space to daily queues of about 1,800 applicants, DHA has moved into mobile trailers at local showgrounds, where we saw hundreds of men sitting in stadium bleachers under a blazing sun hoping to be listed for the next day's processing. (Women and children are put at the head of the queue.) DHA's six data-entry officers and four asylum interviewers can issue only 300 temporary permits a day and render 50 asylum verdicts. The mounting backlog has spawned a population of transients awaiting papers.

14. The latest arrivals are reportedly less able-bodied and more destitute than in July. Whereas the longstanding norm had been for single male breadwinners to come to South Africa, register at Musina, and proceed to Johannesburg to earn money to remit home, this year entire families began to arrive to join the men. Now, desperation in Zimbabwe is such that single women, pregnant women, old persons, and even the disabled and blind are crossing the border. Groups of unaccompanied minors as young as eight years old roam the town together. IOM says they resist the idea of being returned home, saying they do not want to go back to hunger. Many of the recent migrants lack the money for transport to Johannesburg, so those too weak to walk there are stranded in Musina. Others are required to wait in town for an asylum

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interview. A shantytown is reported to have sprung up on the outskirts of Musina.

15. Hundreds of migrants sleep unsheltered in the showground field, vulnerable to heat exposure and heavy summer rains, with cardboard for mattresses, while others crawl under stadium benches. Many are only a few feet from covered stalls used to house livestock during fairs, but the stalls are fenced off and the municipality has denied access. Sanitation facilities are limited to six portable latrines (all full and tipped over when we visited) and two taps for washing. One daily meal is provided by IOM and church volunteers to the 300 in DHA's daily selected queue, while those outside in the field fend for themselves. MSF had medical tents providing daytime basic care.

Gauntlet of Predators and Police

16. Migrants in transit are vulnerable to numerous risks and predations. Nearly all lack identity documents to exit Zimbabwe's formal border post, so they commonly swim across the Limpopo River. Some have drowned or lost children swept away in the current, and the river has now tested positive for cholera. There are frequent and often horrific accounts of scams, robberies, attacks, and gang rape. Each stage of the journey has its own profiteers, from smugglers paid for transport, to scalpers of queue slots, to gophers running errands for those in line, to hoarding food supplies to sell at inflated prices. Women are reportedly trading sexual favors for these costs at alarming rates. Cops collect bribes. Kids are recruited to steal and commit crimes. Lone children are highly vulnerable to traffickers ostensibly offering help.

17. The police continue to arrest and deport unregistered foreigners, reportedly at a rate of 800-1,200 a day. SAPS have agreed to declare the showground as off limits for arrests, but the safe haven is limited to a 200-meter radius. Two sources pointed out a gas station around the corner from

the showground, where they said police cars wait to nab any undocumented Zimbabweans buying food from stores. IOM has strongly protested the arrests of asylum seekers, which contravenes international protocols. Dodging police drives migrants off main routes and into alleys, increasing their vulnerability to crime, for which they cannot seek police assistance for fear of detention. Police action may potentially increase the risk of cholera's spread, if migrants disperse to avoid arrest.

18. Conditions are abysmal at the SAG's deportation center, jointly run by DHA (for policy and case determinations) and SAPS (for implementation of returns). The one-room shed, divided in halves for men and women, is built of concrete block and metal roofing with no inside plumbing. Detainees may request toilet visits by day, but at night they must use a corner of the room as a toilet and clean their own waste the next day. The site reeks of urine in the summertime heat and is ideally suited for cholera transmission. DHA agrees the site is unfit and is building a replacement. Meanwhile, IOM says DHA has ceased meeting its duty to visit detainees to weed out wrongful arrests of permit holders, but SAPS were responsive to IOM requests to investigate such cases. (Note: Some deportees are said to be border traders, who come to Musina to shop for supplies and then use deportation for return transport -- but conditions at the center make that claim hard to credit.)

NGOs Scramble; Locals Endure

19. NGOs and church organizations are trying to assist the most vulnerable migrants, but with very limited resources. Shelter for unaccompanied children is constrained by a requirement that creches be registered with Social Development, a slow process. SC has received DFID funding for a facility for 100 kids, but permits have been pending for a year. There is currently only center for children, run by the United Reform Church. The latter is adding an overnight shelter for boys (only) on the assumption that girls can more easily assimilate into private homes. The next closest place of safety is 100 miles away, and like all centers in the province it is full. The Catholic Church, and other faith based groups, has been distributing food and is

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investigating provision of shelter. For its part, IOM has proposed a Migrant Support Center, a daytime drop-in facility providing food, clean water, showers, and health care, which could help to coordinate all NGOs' activities. IOM has also requested anti-trafficking support from its Pretoria head office.

10. Townspeople in Musina continue to show restraint and sympathy for the migrants, despite growing frustrations. Crime is rising, but Zimbabweans are more often victims than perpetrators. There have been no xenophobic attacks or generalized violence against the migrants. Police attribute this to family, clan, cultural, and business ties across the border, and the fact that many Musina residents are former immigrants. Zimbabwe-plated pickup trucks overloaded with merchandise suggest Musina's retail economy is booming from the crisis next door; yet local consumers also complain about price inflation. Some have grumbled over the loss of the showground, normally used for community recreation and festivities, and locals won a ban on migrants' cooking fires in this dry and windy setting. Media reports of Zimbabweans as cholera carriers (neglecting to mention that transmission is now local) have fed resentment, yet many farmers have opened their homes to children, and local church charities are feeding migrants. UNHCR said local businesses had offered to pay for weekend meals at the showgrounds, where food was given out only on weekdays.

Municipality in Denial; Hospital on Defensive

¶11. Musina municipality seems to have little awareness of the growing humanitarian needs of the migrant population, and little sense of urgency about easing the pressures on local resources. With a local population of only 40,000, municipal plans and budgets make no provision for an influx of tens of thousands of homeless Zimbabweans. City officials failed to attend the latest weekly interagency meeting to address the situation of migrants. Declaring an emergency (for which the threshold is believed to be 10,000 distressed persons, and for which Disaster Management reportedly has a ready plan) would invoke national support. Instead, says SC, officials shrug and say of the migrants, "They'll move on." NGOs suggest the city is wary of providing support lest it become a magnet for more migrants (ignoring that the exodus is now driven more by push factors in Zimbabwe than pull factors in South Africa). There is high sensitivity to any assistance (like tents) that suggests permanent camps, counter to the national non-encampment policy. UNHCR says they "battled" for the latrines at the showgrounds.

¶12. The municipal hospital is on the defensive, coping with its first cholera crisis yet incensed by MSF critiques and resentful of international appeals for intervention. Its CEO denied entry to our CDC and DFID officers, on grounds that the WHO had been designated as a lead international agency and hence had exclusive access. Hospital gates were closed, but through the fence we could see that not all nurses were gloved, and the one faucet apparently serving all patients and staff could easily be contaminated. For its vocal criticisms of the cholera clinic's procedures, MSF had been ejected from the premises despite having the most medical assets, South African doctors, and cholera specialists Qassets, South African doctors, and cholera specialists available in Musina. The hospital had reportedly rejected the use of cholera beds as "dehumanizing." U.N. agencies said the hospital curtly rebuffed their offers of assistance as unwanted charity: "We are not beggars." Most observers felt the CEO was feeling pressure over a pending visit from the Health Minister, likely to surface problems in Musina's response to the cholera outbreak.

Next Step: Will Minister Clear Hurdles?

¶13. The December 9 visit of the dynamic new Minister of Health, Barbara Hogan, is the hoped-for key to more effective responses to both cholera and humanitarian concerns at Musina. Committees at provincial level have been tasked to draft 'matrix' action plans for discussion during the visit. At a minimum, IOs and NGOs anticipate that Hogan's intervention may unblock international assistance to the hospital. More broadly, it could energize the municipality to lead its interagency cluster in improving protection for migrants -- adding DHA officers to eliminate backlogs,

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fast-tracking registration of women's shelters and children's creches, approving a site for an IOM drop-in center, invoking 'emergency' rules to summon national SAG resources, and halting arrests of migrants awaiting processing. While we await the results of the Minister's visit, post is conferring internally and with external counterparts in Pretoria (including CDC, OFDA, DFID, UNHCR, and IOM), to be ready to respond with assistance and/or advocacy.
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